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뗑					Annra	ved for use through (	PT(	D/SB/17 (07-06)	
Under the Paperwork Redu	etion Act of 1995	no person are requ	ired to re		t and Tradem	nark Office; U.S. DEP	PARTMENT O	F COMMERCE	
			illed to it	espond to a conection		plete if Know		COMING NUMBER:	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/506,781-Co			
FEE TRANSMITTAL				Filing Date		March 25, 2005			
For FY 2006				First Named Inv	entor	Johannes Godefridus Geradus		eradus	
FUI F1 2000				Examiner Name		J. D. Holman			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3643			
TOTAL AMOUNT OF PAY	MENT	(\$) 120.00		Attorney Docket	No.	4452-0150PUS	S1		
METHOD OF PAYMEN	IT (check all t	hat apply)							
X Check Credit	Card N	Money Order	Non	e Other (	please iden	tify):			
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-iden	tified deposit	account, the Dire	ctor is	hereby authorize	ed to: (che	ck all that apply)			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARC	•								
	FILIN	G FEES Small Entity	SEA	RCH FEES Small Entity	EXAMIN	NATION FEES Small Entity		ļ	
Application Type	Fee (\$)		Fee (\$)		Fee (\$)		Fees P	<u>Paid (\$)</u>	
Utility	300	150	500	250	200	100		<u> </u>	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0		0	
2. EXCESS CLAIM FEES Fee Description							Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (include	ling Reissues	)					50	25	
Each independent claim or	er 3 (includir	ng Reissues)					200	100	
Multiple dependent claims	1	•					360	180	
		ee (\$)		aid (\$)		ultiple Depende			
= 20 - 20 = HP = highest number of total cla		50.00 =	0.	00	<u>Fe</u>	<u>ee (\$)</u> <u>F</u>	ee Paid (\$	)	
-			Fee P	aid (\$)				-	
3 -3=		ee (\$) 200.00 =		00				1	
HP = highest number of indepen								_	
3. APPLICATION SIZE FE	_								
If the specification and di listings under 37 CFR								,	
sheets or fraction there					or sinan C	inity) for each ac	iaitional 30	´	
	xtra Sheets	`		Iditional 50 or frac			Fee F	Paid (\$)	
- 100 =		/50		(round up to a who	ele number)	x =	·		
4. OTHER FEE(S)  Non-English Specificat	ion \$120 fo	e (no small anti-	v diese	unt)			Fees	Paid (\$)	
Other (e.g., late filing s	-	•	•	•	rst month		12	0.00	
		LACTION	J. 163	porioc within III	or monal		1Z	<u></u>	
SUBMITTED BY/ Signature	11	1/	$\overline{}$	Registration No.	43,368	Telephone	(703) 205	5-8000	
	owis	~   V	U	(Attorney/Agent)	+0,000				
Name (Print/Type) Paul C. I	_ewis	-				Date	March 30	), ∠∪∪/ <b> </b>	

PCL/CTT/tg



PTO/SB/22 (09-06)
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	OR EXTENSION OF TIME UNDER 37	Docket Number (Optional)							
(Fees pursua	FY 2006 ant to the Consolidated Appropriations Act, 20	4452-0150PUS1							
Application Nu	umber 10/506,781-Conf. #	7702	Filed Ma	rch 25, 2005					
For LIVESTOCK BRUSHING DEVICES									
Art Unit	3643		Examiner	J. D. Holman					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
x c	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ 120.00					
Пτ	wo months (37 CFR 1.17(a)(2))	\$450	\$225	\$					
Пτ	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$					
F	our months (37 CFR 1.17(a)(4))	\$1590	\$795	\$					
F	ive months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$					
Applicant claims small entity status. See 37 CFR 1.27.  X A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number									
I am the	applicant/inventor.  assignee of record of the entire Statement under 37 CFR 3.  attorney or agent of record. Re attorney or agent under 37 CFF Registration authorise if acting und	.73(b) is enclosed. egistration Number R 1.34.	(Form PTO/SB/96).  43,368  March 3	  30, 2007					
	Signature	Date (703) 205 8000							
	Paul C. Lewis Typed or printed name	(703) 205-8000 Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total	of forms are submi	tted.							
			04/02/2007 JADDO1	00000060 10506781					

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